


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:51

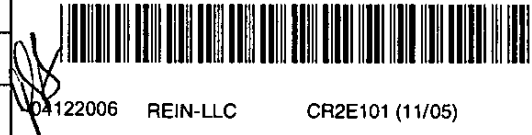
DOCUMENT # L04000041120	
1. Entity Name SEACOAST PROPERTIES, LLC	

Principal Place of Business C/O GDB INTERNATIONAL <del>SUTTON PLACE</del> 8 TAYLOR ROAD EDISON, NJ 08817	Mailing Address C/O GDB INTERNATIONAL <del>SUTTON PLACE</del> 8 TAYLOR ROAD EDISON, NJ 08817
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2. Principal Place of Business 227 MALAGA PLACE Suite, Apt. #, etc.	3. Mailing Address 8 TAYLOR ROAD Suite, Apt. #, etc.
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City & State PANAMA CITY BEACH	City & State EDISON, NJ
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Zip FL 32413	Country USA	Zip NJ 08817	Country USA
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4. FEI Number 72-0642246	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BURKE, M. TODD, ESQ. 215 GRAND BLVD., STE. 101 DESTIN, FL 32550 FOR BURKE TODD
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FOR BURKE TODD Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 5/15/06
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FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SUNIL BAGARIA, MEMBER <input type="checkbox"/> Delete 68 HILLS DRIVE BELLE MEAD, NJ 08502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER VINCENT SODANO 13 CROSS ROCK LANE WEST CALDWELL, NJ 07006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER HOWARD MILLER 34 HIGHLAND DR. W. CALDWELL, NJ 07006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500075891665 06/06/06--01047--007 ***205.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 05-06
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>Sunil Bagaria</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 5/15/06 Daytime Phone #
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